

# *The Big Beautiful Bill's Healthcare Opportunity*

The legislation makes it easier for families to join direct primary care practices.

By Bobby Jindal and Charlie Katebi

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Health-insurance companies have long dictated which doctors Americans can consult, trapping patients in narrow networks and bureaucratic red tape. The One Big Beautiful Bill Act breaks that monopoly. By loosening the grip of insurers and empowering families with greater choice and flexibility, this bold reform restores control to patients. Most Americans pay for medical care through traditional health insurance provided by their employer or through the individual market. This system puts insurers in charge of determining which physicians and facilities families can visit, often through network restrictions and prior-authorization barriers. It also forces healthcare providers to spend large sums of money on billing departments to request and negotiate payments from health insurers. **One 2009 study estimates that physician practices spent 13% of their revenue on administrative overhead for insurance billing and reimbursement. Every dollar that healthcare providers spend on their billing departments shows up in higher prices.**

Traditional insurance can often lead to lower-quality care. Because insurers pay providers on a fee-for-service basis, these middlemen create incentives for physician practices to spend less time with more patients. **On average, primary-care doctors spend 13 to 16 minutes with each patient. Less time with physicians can lead to diagnostic errors, medically inappropriate prescriptions, and more-frequent hospital stays.**

After years of paying higher prices for worse care, many families are seeking healthcare without insurance through direct primary care practices. DPC is a new model of care in which physicians charge patients a flat monthly membership fee for primary and preventive care, including physicals, chronic-disease management, and basic lab and diagnostic testing. This model cuts out insurance and allows physicians to invest more time and resources into caring for patients instead of complying with paperwork for health insurers. DPC physicians on average spend **38 minutes** with each patient, nearly three times longer than traditional doctors.

When doctors spend more time with patients, they can develop a better understanding of their conditions and deliver better care to keep them healthy. A [case study](#) by the Society of Actuaries found that patients who rely on direct primary care had 40% fewer emergency-room visits and 19.9% fewer hospital admissions than patients who rely on traditional primary-care practices.

By improving patient outcomes, DPC has dramatically reduced the costs that patients and employers pay for their medical benefits. In 2015, Union County, N.C., formed a partnership with DPC doctors to care for its public employees. After one year, the county spent 23% less on medical care and 36% less on prescriptions for workers who opted for DPC compared with traditional doctors.

Despite DPC's enormous benefits, government red tape constrains families who want to go to these innovative doctors. Federal law prohibits roughly [61 million Americans](#) who use health savings accounts from enrolling in a DPC practice. To be eligible for a health savings account, individuals must be exclusively covered by a high-deductible health plan. The agency charged with enforcing HSA rules, the Internal Revenue Service, asserted that DPC practices are health insurers, not healthcare providers. That prevents those who have HSAs from enrolling in a DPC practice.

In 2019 President Trump [directed](#) the IRS to clarify that DPC constitutes medical care, not insurance. Bureaucrats at the tax agency [flouted](#) the president's direction and maintained this barrier for families, asserting that patients are "not eligible to contribute to an HSA if that individual is covered by a direct primary care arrangement." **[The One Big Beautiful Bill ends this disastrous policy. The law officially designates DPC as a form of healthcare, allowing patients who enroll in these practices to own an HSA and pay their DPC membership fees with HSA dollars. This lets families—not insurance companies—choose the best doctors for their individual needs.](#)**

Mr. Trump and leaders in Congress should build on this win by further empowering patients and employers with even more flexibility to choose their healthcare and coverage. Congress could allow all Americans with Medicare, Veterans Affairs health care, employer-sponsored or individually purchased coverage to own and contribute to an HSA. Congress could also free small businesses, churches, and unions to form association health plans to offer their workers and members lower-cost coverage. For years, politicians have promised affordable high-quality care, only to take power away from patients and give it to insurance companies and federal bureaucrats. Mr. Trump is delivering on this promise by restoring power to patients.

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